

NAME: _____ DATE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

COUNTY: _____ PHONE: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ SOC. SECURITY #: _____

DESCRIPTION OF CONCERN OR REQUEST

(Be sure to complete this section)

PRIVACY ACT RELEASE

My signature on this page allows Congressman Mike Bishop to contact appropriate officials, forward correspondence, discuss the matter, and receive pertinent information from local, state and federal agencies. It is my understanding that this form is being used in compliance with the Privacy Act of 1974.

I authorize the _____ (name of agency) to release the necessary information regarding my case to Congressman Mike Bishops and permit the third party named below to receive information regarding my situation from my Representative.

Third-Party (optional person you designate, other than yourself, to give and receive information pertaining to your situation):

NAME/ADDRESS/PHONE: _____

(X) SIGN HERE: _____ DATE: _____

PLEASE FAX TO 810-227-8628 OR MAIL TO:

**OFFICE OF U.S. CONGRESSMAN MIKE BISHOP
711 E. GRAND RIVER, SUITE A, BRIGHTON, MI, 48116**